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Complete and serve	this form, together w	ith applicable	fee(s), to:	<u>Mail</u>	Mail Stop ISSUE	FEE			
2006					Commissioner fo P.O. Box 1450	r Patents			
JUN 1 2 1000	.,)		01	r Fay	Alexandria, Virg (571)-273-2885	inia 22313	-1450		
INSTRUCTIONS: This con	rm should be used for tran	smitting the ISSI			` '	ired) Blocks	1 through 5	should be con	nnleted when
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					Fee(s) Transmittal. The papers. Each additional have its own certificate	d paper, such	as an assignm	for any other a	iccompanying Irawing, mus
THOMSON LIC	590 03/07/2006 ENSING INC								ith tha I Initaa
PATENT OPERA					States Postal Service v	vith sufficient	postage for fire	st class mail i	n an envelope
PO BOX 5312	00542 5212				transmitted to the USP	10 (5/1) 2/3	-2885, on the	date indicated	below.
PRINCETON, NJ 06/13/2006 DEMMANU2 0	08543-531 <i>2</i> 0000075 070832 10611	577			Jacquelin	e Buford	1,	(1	Depositor's name)
01 FC:1501 1400	D.OO DA				Jaique	leve	Bufo	nd	(Signature)
02 FC:1504 300	.00 DA				Jume 7,	2006	$\overline{}$		(Date)
APPLICATION NO.	FILING DATE		FIRST NAME	D INVEN	TOR	ATTORNEY	DOCKET NO.	CONFIRMA	TION NO.
10/611,577	07/01/2003		Maxim B. Be	lotserko	vsky	PU0	30131	52	00
TITLE OF INVENTION: N	METHOD AND APPARATU	IS FOR PROVIDI	NG FORWAI	RD ERR	OR CORRECTION				
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APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	IBLICATION FEE	TOTAL F	EE(S) DUE	DATE	DUE
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Change of correspond	dence address (or Change of	Correspondence	or agents (	OR, alter	natively,	-	•		
☐ "Fee Address" indica	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is  VINCENT E. DUFFY								
PTO/SB/47; Rev 03-02 Number is required.	or more recent) attached. Use	e of a Customer	2 registere	d patent	attorneys or agents. If	no name is	Mailing or Transmission Transmittal is being deposited with the Unitedient postage for first class mail in an envelope SUE FEE address above, or being facsimile 273-2885, on the date indicated below.  Ord (Depositor's name)  (Signature)  (EY DOCKET NO. CONFIRMATION NO.  DU030131 5200  L FEE(S) DUE DATE DUE  \$1700 06/07/2006  S 1 JOSEPH J. LAKS  2 RONALD H. KURDYLA  2 S 3 VINCENT E. DUFFY  tified below, the document has been filed for the content of the		
. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	L THE PATENT	(print o	r type)		·	·	
PLEASE NOTE: Unless	s an assignee is identified be	elow, no assignee	data will app	ear on the	he patent. If an assign	ee is identifie	ed below, the o	locument has	been filed for
(A) NAME OF ASSIGN		01 11110 101111 10 1 (0			CITY and STATE OR C				
THOMSON LIC	ENSING		BOULO	GNE,	BILLANCOURT	FRANCE			
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	atent) :	□ Individual \(\frac{\frac{1}{2}}{2}\) Co	orporation or o	other private gr	oup entity 🔲	Government
a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):					
Issue Fee		_	_		nount of the fee(s) is end				
Advance Order - # or	small entity discount permitter $10$	ed)	_ •	•	t card. Form PTO-2038 reby authorized by cha		ed fee(s), or cre	dit any overna	vment, to
	•		Deposit A	ccount l	Number <u>U7-0832</u>		enclose an ext	a copy of this	form).
	(from status indicated above MALL ENTITY status. See	•	Applic	ant is no	longer claiming SMAI	I FNTITY :	tatus See 37 C	FR 1 27(o)(2)	
			tion Fee (if an	y) or to	re-apply any previously an the applicant; a regi	y paid issue fe stered attorne	e to the application or the same of the sa	tion identified the assignee or	above. other party in
	ords of the United States Pate	and I rademark	Office.						<del></del>
Authorized Signature	VINCENT E DUE							.,	
Typed or printed name	VINCENT E. DUF	11//			Registration N	<sub>ທ</sub> 39	.964		

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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JUN 1 2 2006 8

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

for FY 2006

Applicant claims small entity status. See 37 CFR 1.27

Complete if Known					
Application Number	10/611,577				
Filing Date	07/01/2003				
First Named Inventor	Maxim B. Belotserkovsky, et al.				
Examiner Name	Tri H. Phan				
Art Unit	2661				
Attorney Docket No.	PU030131				

TOTAL AMOUNT O	F PAYMENT	(\$) 1700	.00	Attorney Docket No.	PU030131	_		
METHOD OF PAYMENT (check all that apply)								
☐ Check       ☐ Credit card       ☐ Money Order       ☐ None       ☐ Other (please identify):         Customer Number 24498       ☐ Deposit Account Name:       THOMSON LICENSING INC.								
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WARNING: Information information and author	on this form ma	y become put	olic. Credit card in	nformation should not	t be included on	this form. Provi	de credit card	
FEE CALCULATION				<del> </del>			· · · · · · · · · · · · · · · · · · ·	
1. BASIC FILING, SE	ARCH, AND E			CH FEES	EXAMINA	TION FEES		
		mall Entity		Small Entity		Small E	ntity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM F	EES					Small E	ntity	
Fee Description					<u>Fe</u>	e (\$)	Fee (\$)	
Each claim over 20 (inclu	-				50		25	
Each independent claim	-	Reissues)			200		100	
Multiple dependent claim Total Claims		a Claims	Fee (\$)	Fee Paid (\$)	360 Mu	) Iltiple Depende	180 ent Claims	
	or HP =	<u>,                                    </u>		=		e (\$)	Fee Paid (\$)	
HP = highest number of	total claims paid f				_			
Independent Claims	Extr	a Claims	Fee (\$)	Fee Paid (\$)				
Independent Claims Extra Claims Fee (\$) Fee Paid (\$)  - 3 or HP = x =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra Shee	ts <u>Nı</u>	umber of each a	additional 50 or fra	ction thereof	Fee (\$)	Fee Paid (\$)	
100 = / 50 = (round <b>up</b> to a whole number) x =								
4. OTHER FEE(S)							Fees Paid (\$)	
Other (e.g., late filing surcharge): Issue and Publication Fee						\$1700.00		

SUBMITTED BY								
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	317-587-4929			
Signature	1/min	Will		Date	6/7/16			
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